

NHS Carer Information Strategies

- Guidance published April 2006
- Strategies must be submitted to Scottish Executive by 31st October 2006 – this has now been extended by 2 months to 29th December 2006.
- Strategies must be implemented by 1st April 2007 – this has now been extended by 1 month to 1st May 2007.
- These extensions do not apply to all Boards but only those who have requested an extension.
- Strategies must be developed in partnership and boards are required to work in partnership with carers, carer organisations, local authorities and other stakeholders.
- No additional resources have been made available and Boards will be expected to implement their strategies by redirecting resources towards preventative support for patients and carers to both improve patient/carer health and to realise savings elsewhere.

Overall Objectives of NHS Carer Information Strategies

The overall objectives of an NHS Carer Information Strategy are to ensure that NHS Boards work in partnership with carers, patients, NHS staff, local authorities, the voluntary sector and other relevant groups to ensure:

- the identification of carers by staff and professionals at all levels within the NHS; and
- the effective provision of targeted information to carers at every point of their journey through the NHS. Information provision is an ongoing process throughout the patient/carer journey and information should be provided at key stages. These will include diagnosis, discharge, the start of treatment programmes and significant changes to treatment or medication. The Guidance lists potential information that carers may need in Section 6. This includes information on:
 - local support and services
 - condition and treatment
 - moving and handling, administration of medication, feeding, dealing with behavioural aspects
 - the availability of financial support e.g. tax credits, benefits
 - guardianship under the AWIA (if appropriate)
 - for mental health carers specific information on their legislative rights
 - health and well-being, including information and training on stress management techniques, healthy diets and physical exercise
 - local concessionary, other transport schemes and patient transport arrangements to enable carers to attend NHS appointments with the cared-for person
 - aids and adaptations
 - housing support, including ability to be housed nearer the person they care for
 - complaints procedures both against NHS Boards and local authorities

- regulation of services and of the health and social care workforce
 - the assessment process
 - Direct Payments
 - local forums where carers, including young carers, can input on service planning and development
- carers are informed of their potential legislative right to an independent assessment of their support needs as a carer
 - patient consent is sought as a first step, where appropriate, as a basis for providing information to carers and where tension arises between the needs of carers and patients, mediation is fully explored.
 - that where consent is withheld, for the provision of personal information, carers are provided with as much information as can be shared without breaching patient confidentiality, including information on:
 - medication, where the carer is required to dispense medication;
 - treatment, particularly in relation to side-effects that may impact on the carer; and
 - practical issues relating to care at home and long-term care.
 - that where patients are unable to consent through incapacity, practitioners work with partners and/or immediate family, sharing information as appropriate so that full consideration can be given to possible action under the Adults With Incapacity (Scotland) Act 2000.

- that the Strategy dovetails with the requirements in the Mental Health (Care and Treatment) (Scotland) Act 2003 around the provision of information to carers. It should also be in line with Standard 7 in the NHS QIS Clinical Standards for Schizophrenia which requires that carers are informed about the illness and acknowledges the particular needs of mental health carers for information. The Strategy should also include protocols to deal with the potential conflict of providing information to carers when they are not a named person under the 2003 Act.
- that NHS staff as a minimum are able to signpost carers that they come across on their day to day duties to a local carer support agency and, if patient confidentiality allows, to appropriate national organisations supporting patients, users and carers for specific conditions.
- that young carers are recognised as a distinct group with specific needs, but are recognised first and foremost as children and young people.
- that carer awareness is mainstreamed as part of the day-to-day activities of NHS staff at all levels, whether employed by or contracted to the NHS.
- that clear, measurable outcomes are delivered for carers in terms of being better informed of how to access appropriate support as a result of targeted NHS information.

Minimum Requirements of Carer Information Strategies

Each Board's strategy must adhere to certain minimum requirements:

As a minimum an NHS Carer Information Strategy must:

- identify work already done with local partners to develop a joint information strategy for carers
- specify arrangements for the involvement of carers, carer organisations, local authorities and other key stakeholders in developing and reviewing the Strategy
- specify arrangements for involving young carers and carers from minority ethnic groups and other equality groups in developing and reviewing the Strategy

Content

As a minimum an NHS Carer Information Strategy must:

- demonstrate how NHS Boards have identified, in discussion with carers, carer organisations, the wider voluntary sector and local authority partners:
 - the information carers need;
 - how it will be provided; and
 - by which lead agency
- describe how local joint agreements on issues of consent have been reviewed in order to ensure that they adopt the principles set out in the Strategy and facilitate the proactive provision of information to carers.
- develop strategic proposals to address the identification and information needs of specific carer groups such as young carers and carers from minority ethnic communities.
- ensure that NHS staff as a minimum are able to signpost carers to a local carer support agency and, if patient confidentiality allows, to appropriate national organisations supporting patients, users and carers for specific conditions.

Delivery In NHS Operating Systems

As a minimum an NHS Carer Information Strategy must:

- describe the practical steps which will be taken to deliver the Strategy objectives systematically throughout the Board area
- describe how each NHS operating sphere/service and joint arrangements with local authorities, the voluntary sector, and private sector will support the objectives of the Strategy
- demonstrate how NHS Boards are promoting carer identification and the provision of targeted information to carers by GPs and Primary Care staff. This should demonstrate the link between practice involvement and the GMS contract Practice Management Indicator 9 involving carer identification and referral as well as activity to set up carer registers in line with the Direct Enhanced Services Directions 2006.
- demonstrate how hospital staff ensure that carers are routinely identified and given targeted information and how staff ensure that carers are signposted to appropriate support services and made aware of their right to an assessment
- set out how carer identification, the provision of targeted information to carers, carer signposting on to sources of advice and support, and advising carers of their right to an assessment is integrated into hospital discharge procedures and admission procedures
- set out how NHS Boards are making community-based pharmacists aware of their role in supporting the Strategy.

NHS Staff Training

As a minimum an NHS Carer Information Strategy must:

- set priorities for staff training in agreement with local partners, including carers, carer organisations and local authorities.

- include detailed action plans for the training of staff over the lifetime of the Strategy, outlining how carer awareness, carer identification, the provision of information to carers, advising carers of their right to an assessment, carer signposting to sources of advice and support and working with carers as key partners are being mainstreamed into NHS practice; specifically through induction programmes, pre-qualification professional training, continuous personnel development and professional training and leadership development
- include in action plans details on training for staff on culturally-sensitive issues for carers from minority ethnic communities
- include in action plans details on training for staff on issues relating to young carers

Note

- NHS Education Scotland (NES) has indicated that it will use this guidance to inform its future educational planning cycles. Will support this agenda through its educational quality assurance programmes and through a variety of Continuing Professional Development Initiatives. The Executive will engage with NES over the summer of 2006 to take this forward and will also work to ensure that carer awareness is integrated systematically into the core curriculum for trainee/graduate health and social care

Training For Carers

As a minimum an NHS Carer Information Strategy must:

- identify in partnership with local authorities and local carer support agencies what training already exists for carers and how this will be developed and extended over the lifetime of the Strategy

- identify proposals for the development of a strategic approach to 'expert carer' training, aimed directly at supporting carers in their caring role and targeted specifically at carers with intensive, or potentially growing, caring responsibilities.
- set priorities for carer training in agreement with local partners, including carers, local carer support agencies and local authority partners. In doing so local training partners should explore the role of further education establishments and existing carer training packages, as well as the delivery of training using IT systems and technology.
- demonstrate delivery of person-centred training for carers, covering advice on physical and emotional well-being including demonstrations on moving and handling techniques (if appropriate) and stress management, and advice on specific conditions such as caring for someone with dementia, physical disabilities, mental health problems, special needs, etc

Accountability

As a minimum an NHS Carer Information Strategy must:

- identify a lead officer at General Manager or Senior Manager level to promote carer identification and information with responsibility to ensure effective development and implementation of the Strategy. Links with the Patient Focus and Public Involvement Designated Director should be a priority
- identify specific staff within primary care, acute staff and nursing teams to promote carer identification and to take responsibility for the provision of information to carers.
- indicate management and leadership arrangements with front-line staff

- specify functions and services which will be contracted to various key partners, eg, local authorities, voluntary sector organisations and the private sector

Monitoring

As a minimum an NHS Carer Information Strategy must:

- provide baseline information against which quality improvements can be measured
- identify joint performance indicators and outcomes for carers
- set out how Boards have worked work in partnership with carers, patients, NHS staff, local authorities, the voluntary sector and other relevant groups to agree indicators/outcomes and monitoring systems.
- demonstrate that NHS staff are aware of the need to identify carers and to signpost them to sources of support/advice
- set out arrangements to monitor and evaluate implementation of the Guidance – setting out auditing and accountability arrangements within the NHS and on a joint basis with local authorities, the voluntary sector and if appropriate the private sector
- set out how monitoring arrangements fit in with accountability for other areas such as Community Health Plans, Patient Focus and Public Involvement Action Plans, Hospital Discharge Guidance, Local Partnership Agreements, etc.
- ensure that effective monitoring arrangements are in place to establish accessibility to information for carers from minority ethnic groups, in line with the requirements of the Race Relations (Amendment) Act 2000 and Boards' Race Equality Schemes.

- set out proposals for reviewing the NHS Carer Information Strategy in consultation with carers and other stakeholders
- ensure annual reports to Scottish Executive Ministers, on how Boards are implementing and evaluating their NHS Carer Information Strategy and setting out progress. Reports must be jointly signed by the NHS Board Chief Executive, the relevant local authority Chief Executive and representatives of the main carer groups/organisations operating within the NHS Board area. Such reports and the Strategy should be made publicly available, free of charge, to any person requesting them.

Note:

- The Scottish Executive will expect to see strong evidence of progress across the NHS in identifying carers, providing them with information and signposting them to local carer support agencies. Boards should also be able to demonstrate that carers are being provided with appropriate information by NHS staff and professionals throughout the patient/carer journey.

Best Practice Recommendations

The guidance also sets out a number of best practice recommendations, which although promoted by the Executive, cannot be statutory requirements under current legislation. These are set out within the guidance under each topic area for ease of reference.

This recommendations include:

- how the strategy sits alongside other key policies such as Patient Focus Public Involvement, Community Health Partnerships, Health Improvement and Quality Improvement for Children's Services.

- how the strategy will sit with other jointly developed carer strategies, including young carer strategies.
- mechanisms in place that would initiate joint action with partner agencies when the Strategy identifies young carers who may appear to NHS staff to be at risk because of their caring role, or other associated factors.
- a statement of principle recognising and treating carers as key partners in the provision of care.
- statement of principle of accessibility, ensuring that information is provided to carers in a wide range of formats and languages,
- a statement of commitment to the principles of equality and diversity
- mechanisms, where a carer appears to the Board to have a significant caring role, NHS staff formally refer such carers on to appropriate sources of support, ie local carer support agencies.

Links

Full Guidance (HDL (2006) 23)

NHS Carer Information Strategies: minimum requirements and guidance on implementation

www.show.scot.nhs.uk/sehd/hdl.asp

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